



Challenger
C E N T E R®

Teacher Professional Development Workshop Registration

Teacher Information:

Name _____ Date _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Number of years teaching _____ Grade(s) taught _____

E-Mail Address _____

School Information:

School Name _____ Grade(s) & Subject(s) _____

Address _____ City _____ State _____
ZIP _____

School Phone _____ Fax _____
System's Authorization Signature _____

E-Mail Address _____

For which workshop(s) are you registering?

<u>Date & Time</u>	<u>Title of Workshop</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Make additional copies if necessary)

Method of Payment: (Circle one) Master Card Visa Check Purchase Order Total Cost \$ _____

HCDE Teachers if you have any questions regarding registration, please contact Dr. Fulmer at 209-8474.

FAX APPLICATION TO (423) 425-2190
Challenger Center
(423) 425-4126
615 McCallie Ave.
Chattanooga, TN 37403
www.utc.edu/Challenger